

04-19-01

A

Please type a plus sign (+) inside this box



PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

PP-01421.103 / 200130.401D1

First Inventor

Hui Cen

Title

HUMAN FGF GENE AND GENE EXPRESSION PRODUCTS

Express Mail Label No.

EL615483796US

|  |  |  |
|--|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i>  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  |  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  | 8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>  |  |
| 3. <input checked="" type="checkbox"/> Copy of Specification [Total Pages 45]<br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)   |  |
| 4. <input checked="" type="checkbox"/> Copy of Drawing(s) (35 U.S.C. 113) [Total Sheets 13]  | b. <input checked="" type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input checked="" type="checkbox"/> paper</li> </ul> |  |
| 5. <input type="checkbox"/> Oath or Declaration [Total Sheets 1]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br><i>(for a continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</li> </ul>  | c. <input checked="" type="checkbox"/> Statements verifying identity of above copies   |  |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  | <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |  |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>  |  |  |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>   |  |  |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  |  |  |
| 13. <input checked="" type="checkbox"/> Preliminary Amendment  |  |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>Should be specifically itemized</i>   |  |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>  |  |  |
| 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. Applicant must attach form 122(b)(2)(B)(i). PTO/SB/35 or its equivalent.  |  |  |
| 17. <input type="checkbox"/> Other: <u>Check</u>   |  |  |

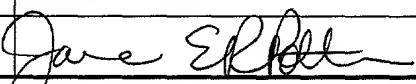
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)     of prior application No. 09/264,851

Prior application information    Examiner Sharon L. Turner, Ph.D.    Group Art Unit: 1647

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

|  |   |                                   |  |
|--|---|-----------------------------------|--|
| <input checked="" type="checkbox"/> Correspondence address below |   | or:                               | <input type="checkbox"/> Customer Number or Bar Code Label |
| Firm Name  | Chiron Corporation  |                                   |  |
| Address  | Intellectual Property R338 P.O. Box 8097  |                                   |  |
| City, State, Zip   | Emeryville, CA 94662-8097   |                                   |  |
| Country  | United States of America  |                                   |  |
| Telephone  | (510) 655-8730  | Fax                               | (510) 655-3542   |
| Name (Print/Type)  | Jane E. R. Potter   | Registration No. (Attorney/Agent) | 33,332   |
| Signature  |  | Date                              | April 17, 2001   |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

F:\Pat\PTOSB05.doc

JC971 U.S. PTO  
06/836960  
04/17/01

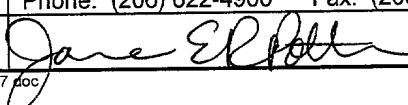


04/17/01  
U.S. PTO  
1035



|  |  |   |                       |
|--|--|---|-----------------------|
| <b>FEE TRANSMITTAL<br/>for FY 2001</b> |  | Complete if Known                                     |                       |
|  |  | Application Number                                    | <b>Not assigned</b>   |
|  |  | Filing Date   | <b>April 17, 2001</b> |
|  |  | First Named Inventor                                  | <b>Hui Cen</b>        |
|  |  | Examiner Name   | <b>Not assigned</b>   |
|  |  | Group Art Unit  | <b>Not assigned</b>   |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)    |  | Attorney Docket No <b>PP-01421.103 / 200130.401D1</b> |                       |

| <b>METHOD OF PAYMENT</b>  |   | <b>FEE CALCULATION (continued)</b>   |   |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|---|---|--|---|--|-----------------|---------------------|--|------------------------|-----------------|----------|----------|----------|----------|-----|-----|-----|-----|-------------------------------------|------------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|---|--|-----|------|-----|------|--|--|---------------------|--------|-----|--------|---|--|--------------|--------------|----------------|----------|--|---|---|---|--------------------|---|---|---|--------------------|-----|------------------------|----------------------|--|--|---------------------|-------|------------------------|-----------------|---|----------|----------|----------|-----|-----|--|---|------------------------|-----|-----|-----|------------------|----|-----------------------------------|-----|-----|-----|--|-----|---------------------------------------|-----|-----|-----|--------------------------|----|--|-------|-----|-------|---|---|--|-----|---------------------|----|----------------------------------|--|---------------|-------|---|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>19-1090</b></p> <p>Deposit Account Name <b>Seed Intellectual Property Law Group PLLC</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>  |   | <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th rowspan="2"><b>Fee Description</b></th> <th rowspan="2"><b>Fee Paid</b></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>130</td> <td>123</td> <td>130</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> </tbody> </table> |   | <u>Large Entity</u>  |                 | <u>Small Entity</u> |  | <b>Fee Description</b> | <b>Fee Paid</b> | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath |            | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113                 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115          | 110          | 215            | 55       | Extension for reply within first month |   | 116   | 390   | 216                | 195   | Extension for reply within second month     |   | 117                | 890 | 217                    | 445                  | Extension for reply within third month |  | 118                 | 1,390 | 218                    | 695             | Extension for reply within fourth month |          | 128      | 1,890    | 228 | 945 | Extension for reply within fifth month |   | 119                    | 310 | 219 | 155 | Notice of Appeal |    | 120                               | 310 | 220 | 155 | Filing a brief in support of an appeal |     | 121                                   | 270 | 221 | 135 | Request for oral hearing |    | 138  | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |   | 140  | 110 | 240                 | 55 | Petition to revive - unavoidable |  | 141           | 1,240 | 241   | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| <u>Large Entity</u>   |   | <u>Small Entity</u>  |   | <b>Fee Description</b>   | <b>Fee Paid</b> |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)                                    |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105   | 130   | 205  | 65  | Surcharge - late filing fee or oath  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127   | 50  | 227  | 25  | Surcharge - late provisional filing fee or cover sheet.                    |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139   | 130   | 139  | 130   | Non-English specification  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147   | 2,520   | 147  | 2,520                                       | For filing a request for ex parte reexamination                            |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112   | 920*  | 112  | 920*  | Requesting publication of SIR prior to Examiner action                     |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113   | 1,840*  | 113  | 1,840*                                      | Requesting publication of SIR after Examiner action                        |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115   | 110   | 215  | 55  | Extension for reply within first month                                     |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116   | 390   | 216  | 195   | Extension for reply within second month                                    |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117   | 890   | 217  | 445   | Extension for reply within third month                                     |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118   | 1,390   | 218  | 695   | Extension for reply within fourth month                                    |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128   | 1,890   | 228  | 945   | Extension for reply within fifth month                                     |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119   | 310   | 219  | 155   | Notice of Appeal   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120   | 310   | 220  | 155   | Filing a brief in support of an appeal                                     |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121   | 270   | 221  | 135   | Request for oral hearing   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138   | 1,510   | 138  | 1,510                                       | Petition to institute a public use proceeding                              |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140   | 110   | 240  | 55  | Petition to revive - unavoidable   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141   | 1,240   | 241  | 620   | Petition to revive - unintentional   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142   | 1,240   | 242  | 620   | Utility issue fee (or reissue)   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143   | 440   | 243  | 220   | Design issue fee   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144   | 600   | 244  | 300   | Plant issue fee  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122   | 130   | 122  | 130   | Petitions to the Commissioner  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123   | 130   | 123  | 130   | Petitions related to provisional applications                              |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126   | 180   | 126  | 180   | Submission of Information Disclosure Stmt                                  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581   | 40  | 581  | 40  | Recording each patent assignment per property (times number of properties) |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146   | 710   | 246  | 355   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149   | 710   | 249  | 355   | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179   | 710   | 279  | 355   | Request for Continued Examination (RCE)                                    |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169   | 900   | 169  | 900   | Request for expedited examination of a design application                  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>  |   |  |   |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>FEE CALCULATION</b>  |   |  |   |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <p>1. <b>BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th rowspan="2"><b>Fee Description</b></th> <th rowspan="2"><b>Fee Paid</b></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td><b>710</b></td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td><b>(\$ 710)</b></td> <td></td> </tr> </tbody> </table> <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/> -** = <input type="text"/></td> <td><input type="text"/> X <input type="text"/></td> <td><input type="text"/> = <input type="text"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="text"/> -** = <input type="text"/></td> <td><input type="text"/> X <input type="text"/></td> <td><input type="text"/> = <input type="text"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>X <input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2"><u>Large Entity</u></th> <th colspan="2"><u>Small Entity</u></th> <th rowspan="2"><b>Fee Description</b></th> <th rowspan="2"><b>Fee Paid</b></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 0)</b></td> <td></td> </tr> </tbody> </table> |   |  |   | <u>Large Entity</u>  |                 | <u>Small Entity</u> |  | <b>Fee Description</b> | <b>Fee Paid</b> | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 710 | 201 | 355 | Utility filing fee                  | <b>710</b> | 106 | 320 | 206 | 160 | Design filing fee                                       |  | 107 | 490 | 207 | 245 | Plant filing fee          |  | 108 | 710   | 208 | 355   | Reissue filing fee                              |  | 114 | 150  | 214 | 75   | Provisional filing fee                                 |  | <b>SUBTOTAL (1)</b> |        |     |        | <b>(\$ 710)</b>                                     |  | Total Claims | Extra Claims | Fee from below | Fee Paid | <input type="text"/>                   | <input type="text"/> -** = <input type="text"/> | <input type="text"/> X <input type="text"/> | <input type="text"/> = <input type="text"/> | Independent Claims | <input type="text"/> -** = <input type="text"/> | <input type="text"/> X <input type="text"/> | <input type="text"/> = <input type="text"/> | Multiple Dependent |     | X <input type="text"/> | <input type="text"/> | <u>Large Entity</u>                    |  | <u>Small Entity</u> |       | <b>Fee Description</b> | <b>Fee Paid</b> | Fee Code                                | Fee (\$) | Fee Code | Fee (\$) | 103 | 18  | 203                                    | 9 | Claims in excess of 20 |     | 102 | 80  | 202              | 40 | Independent claims in excess of 3 |     | 104 | 270 | 204                                    | 135 | Multiple dependent claim, if not paid |     | 109 | 80  | 209                      | 40 | ** Reissue independent claims over original patent |       | 110 | 18    | 210   | 9 | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |    |                                  |  | <b>(\$ 0)</b> |       | <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid      SUBTOTAL (3)      (\$ 0)</p> |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <u>Large Entity</u>   |   | <u>Small Entity</u>  |   | <b>Fee Description</b>   | <b>Fee Paid</b> |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)                                    |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101   | 710   | 201  | 355   | Utility filing fee   | <b>710</b>      |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106   | 320   | 206  | 160   | Design filing fee  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107   | 490   | 207  | 245   | Plant filing fee   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108   | 710   | 208  | 355   | Reissue filing fee   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114   | 150   | 214  | 75  | Provisional filing fee   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (1)</b>   |   |  |   | <b>(\$ 710)</b>  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims  | Extra Claims                                    | Fee from below   | Fee Paid                                    |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <input type="text"/>  | <input type="text"/> -** = <input type="text"/> | <input type="text"/> X <input type="text"/>  | <input type="text"/> = <input type="text"/> |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Independent Claims  | <input type="text"/> -** = <input type="text"/> | <input type="text"/> X <input type="text"/>  | <input type="text"/> = <input type="text"/> |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Multiple Dependent  |   | X <input type="text"/>   | <input type="text"/>                        |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <u>Large Entity</u>   |   | <u>Small Entity</u>  |   | <b>Fee Description</b>   | <b>Fee Paid</b> |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)                                    |  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103   | 18  | 203  | 9   | Claims in excess of 20   |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102   | 80  | 202  | 40  | Independent claims in excess of 3  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104   | 270   | 204  | 135   | Multiple dependent claim, if not paid                                      |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109   | 80  | 209  | 40  | ** Reissue independent claims over original patent                         |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110   | 18  | 210  | 9   | ** Reissue claims in excess of 20 and over original patent                 |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (2)</b>   |   |  |   | <b>(\$ 0)</b>  |                 |                     |  |                        |                 |          |          |          |          |     |     |     |     |                                     |            |     |     |     |     |   |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |      |     |      |  |  |                     |        |     |        |   |  |              |              |                |          |  |   |   |   |                    |   |   |   |                    |     |                        |                      |  |  |                     |       |                        |                 |   |          |          |          |     |     |  |   |                        |     |     |     |                  |    |                                   |     |     |     |  |     |                                       |     |     |     |                          |    |  |       |     |       |   |   |  |     |                     |    |                                  |  |               |       |   |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |

|                       |  |                                     |                |
|-----------------------|--|-------------------------------------|----------------|
| <b>SUBMITTED BY</b>   |  |                                     |                |
| Name (Print/Type)     | <b>Jane E. R. Potter</b>   | Registration No.<br>Attorney/Agent) | <b>33,332</b>  |
| Firm Name/<br>Address | Seed Intellectual Property Law Group PLLC<br>701 Fifth Avenue, Suite 6300<br>Seattle, Washington 98104-7092<br>Phone: (206) 622-4900 Fax: (206) 682-6031 |                                     |                |
| Signature             |   | Date                                | April 17, 2001 |



**00500**

PATENT TRADEMARK OFFICE

PATENT

EXPRESS MAIL LABEL NO. EL615483796US

JC971 U.S. PTO  
09/836960  
04/17/01



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Hui Cen et al.  
Filed : April 17, 2001  
Application No. : Not assigned yet  
For : HUMAN FGF GENE AND GENE EXPRESSION PRODUCTS  
Docket No. : PP-01421.103 / 200130.401D1

Box Patent Application  
Commissioner for Patents  
Washington, DC 20231

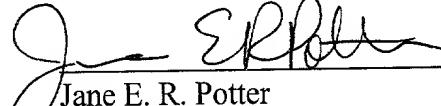
REQUEST TO USE COMPUTER READABLE FORM FROM PARENT APPLICATION

Commissioner for Patents:

The computer readable form in this application is identical with that filed in Application Number 09/264,851 filed March 8, 1999. In accordance with 37 C.F.R. § 1.821(e), please use the only computer readable form filed on January 25, 2000 in that application as the computer readable form for the instant application. It is understood that the Patent and Trademark Office will make the necessary changes in the application number and filing date for the computer readable form that will be used in the instant application.

Respectfully submitted,

Seed Intellectual Property Law Group PLLC



Jane E. R. Potter  
Registration No. 33,332



00500

PATENT TRADEMARK OFFICE